2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000088204

Entity Name: CRAIG C. DAVIS, M.D., P.L.

Current Principal Place of Business:

201 8TH STREET SOUTH
SUITE 304
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

201 8TH STREET SOUTH
SUITE 304
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 26-0805455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MINCK, LINDA R ESQ
5801 PELICAN BAY BLVD, STE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DAVIS, CRAIG C M.D.
Address: 201 8TH STREET SOUTH, SUITE 304
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CRAIG C. DAVIS, MD,, PL
Address: 201 8TH STREET SOUTH, SUITE 304
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CRAIG C. DAVIS, MD MGR 03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date